

innovate

The IHS Telehealth Program



ACCESS
QUALITY
COST-EFFICIENCY

TELEHEALTH PROGRAM WITH 4 MAIN STRATEGIC DIRECTIONS

Newsletter will complement new multimedia telehealth webpage

The Indian Health Service Telehealth Program supports diverse telehealth activities planned or underway across the Indian health care system.

Many IHS and Tribal facilities are involved in telehealth care. Active clinical telemedicine, distance learning, and program planning via videoconferencing comprise the core features of widespread participation in telehealth from IHS and Tribal facilities in all 12 administrative Areas of the IHS.

While the role of telehealth as a tool for contemporary health care continues to evolve, the IHS Telehealth Program is actively engaged in efforts to initiate, monitor, extend, and collaborate in new telehealth applications.

There are 4 strategic directions to the program: innovation, resource development, business modeling, and collaboration. This multi-armed approach is designed to identify opportunities for enhanced access to care, health care quality, and novel training in a cost-efficient and sustainable model.

Web-based access to updated information on progress in these directions will be available at <http://www.telehealth.ihs.gov>.

This website is designed to enable ready access to user-friendly information on telehealth care projects from across the Indian health system.

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Fall Edition



2005

Telehealth News

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives



Telehealth Modality By Area		Area											
		Aberdeen	Alaska	Albuquerque	Benidji	Billings	California	Nashville	Navajo	Oklahoma	Phoenix	Portland	Tucson
Telehealth Modality	Anesthesiology	•											
	Cardiology	•	•	•			•		•	•	•		
	Child Abuse (IHS/OVCProgram)	•	•	•	•	•			•	•	•		
	Dental	•	•								•		
	Dermatology	•	•	•	•	•	•		•	•			
	Endocrinology	•					•		•				
	ENT	•	•		•	•				•			
	ED	•	•							•			
	GI	•											
	Geriatrics	•											
	HIV						•						
	Mental Health	•	•				•	•	•	•	•	•	
	Nephrology				•				•				
	Neurology	•					•		•		•		
	Nutrition	•	•				•		•				
	OB/GYN	•	•										
	Oncology	•							•				
	Ophthalmology	•					•			•			
	IHS/JVN Teleoph	•	•	•	•	•		•	•	•	•	•	•
	Orthopedics	•	•		•								
	Pain						•		•				
	Pediatrics		•				•						
	Pharmacy		•		•			•			•		
	Pulmonology	•							•				
	Radiology	•	•	•	•	•			•	•	•		
	Rehabilitation	•	•		•								
	Rheumatology	•			•								
	Surgery	•	•						•		•		
	Urology		•										
	Wound Care	•					•			•	•		

“SERVICE
TO
THE
POINT
OF
NEED”

Who is using Telehealth?

Sites in all twelve IHS Areas report activity

1. Experience in over 30 modalities
Collectively, IHS and Tribal facilities report active or recent experience in telehealth for over 30 different clinical modalities and specialties.

2. Leading clinical applications
The most common clinical uses of telehealth in Indian health care are similar to the most common telehealth clinical applications in the U.S.: teleradiology, telerdermatology, teleretinal screening, telemental health, and telecardiology.

3. What works?
Many types of telehealth work. Both published reports and organizational experience demonstrate the real and emerging potential of telehealth to improve access to quality health care. As in other types of health service delivery, this effect on care is sometimes hard to statistically measure.

4. Telemedicine or telehealth?
The term ‘telemedicine’ refers to the remote delivery of direct clinical care via advanced information technologies. The term ‘telehealth’ includes telemedicine as well as the use of advanced technologies for distance learning, program planning, and public health.

Telehealth and the IHS Director’s Initiatives

Dr. Charles Grim, Director of the Indian Health Service, has identified 3 major initiatives for the health and wellness of Indian people: health promotion/disease prevention, behavioral health, and the management of chronic disease.

Telehealth offers tools to support these three initiatives for Indian health care. Many telehealth tools have already been implemented in IHS and Tribal health programs. These tools support a culture of clinical quality in health service delivery.

1. Health Promotion/Disease Prevention:

Unique opportunities for creative education and outreach are possible through telehealth. Such opportunities include: nutrition counseling and consultation; health promotion outreach to community centers ; multimedia teaching for patients and families via interactive kiosks and home telehealth care coordination projects.

2. Behavioral Health:

Telemental health is a rapidly growing field. 8 IHS Areas note experience with telemental health. This experience includes: care for American Indian veterans with post-traumatic stress disorder; counseling services for adults in Indian health clinics; consultative and counseling outreach for teens in school-based clinics; and consultative services for primary care clinicians caring for patients with mental health conditions.

3. Management of Chronic Disease:

The Chronic Care Model emphasizes an integrated, pro-active approach to the shared management of chronic illness. Home telehealth and remote telemonitoring tools are ideally suited to support such patient-centered care coordination activities. Daily symptom and vital sign information can help care teams identify minor changes in patients’ conditions, avoiding unnecessary hospitalizations and emergency room visits.

Clinical Quality

Quality in health care is a top priority for the Telehealth Program. Work is underway to show how telehealth may assist facility efforts to improve various clinical and prevention indicators - indicators tracked by the CRS system.





Photo demonstrating tele-ENT consultation, courtesy of the Alaska Federal Health Care Access Network (AFHCAN).

ENT tele-consultation has been a lead component of telehealth service delivery in the AFHCAN network.

ENT Expert Triage Tele-Consultation

Based on the success of ENT (Ear-Nose-Throat) surgical tele-consultation between surgeons in the Alaska Native Medical Center (ANMC) and village clinic staff connected to telemedicine via the AFHCAN network, tele-consultation is now available - from ANMC surgeons - to the Yakama Indian Health Center in eastern Washington state. This innovative project is supported by staff and/or funds from the Alaska Telehealth Advisory Council, Alaska Native Medical Center, the AFHCAN program, the IHS Portland Area Office, and the Yakama Indian Health Center.

ENT surgeons from ANMC offer tele-consultation in an "expert triage" model, assisting Yakama primary care staff in the evidence and standards-based management of children and adults with ENT-related problems. The goal is better access to specialist consultation via telemedicine - and improved regional referral accuracy, for patients who need hands-on surgical procedures and care.

The telemedicine cart and software used to support ENT tele-consultation will also enable other types of tele-consultation for patients and staff at the Yakama facility.

The leadership and vision of Dr. John Kokesh, chief of ENT surgery at the Alaska Native Medical Center, has been key to this project's development. Dr. Kokesh, AFHCAN, and IHS staff will evaluate the regional impact of the Alaska-Yakama consultation project - and the reimbursement business model required for its potential expansion to other clinical facilities outside Alaska - over the upcoming months.

Cardiology Tele-Consultation Center

The Native American Cardiology Program (NACP) will offer cardiology tele-consultation via the AFHCAN-developed hardware/software infrastructure implemented for the AMNC-Yakama ENT expert triage project. Based on extensive experience with tele-cardiology in recent years, NACP plans EKG interpretation services for Yakama and other interested facilities in the IHS Portland and Phoenix Areas.

Tele-cardiology is not new to Dr. Jim Galloway, NACP program director, and the NACP staff. Many different types of cardiology tele-consultation - such as real-time and store-and-forward echocardiogram interpretation, real-time clinical consultation via videoconferencing, and home telehealth for heart failure care - are available via the program.

The EKG interpretation service will develop incrementally. Real-time lipid management clinics are also planned as expanded cardiology tele-consultation center services.

Tele-Ophthalmology

The IHS Joslin Vision Network enhances annual eye screening opportunities for patients with diabetes via a standardized image acquisition and interpretation methodology developed by Harvard's Joslin Vision Center.

Timely readings of retinal images are provided to 35 Indian health facilities across 10 states by the national IHS JVN reading center in Phoenix, Arizona.

To date, over 10,000 examinations have been performed. Continued project expansion is planned for the years ahead.

New Care Model

Telehealth Centers of Excellence offer opportunities for improving access to care

1. Why Centers of Excellence?

Many Indian health facilities have limited access to specialist care. Often, specialists are only available following prolonged appointment waiting times, detailed contract health approvals, or extended patient travel times and distances. In addition, not all specialists make the same recommendations regarding the need for additional lab testing or clinical procedures.

2. Range of clinical services

Telehealth centers of excellence are possible for many clinical specialty services. Retinal screening, for example, is already available in a center of excellence model via the IHS JVN network. ENT expert triage, cardiology, mental health, dermatology, and pharmacy are also promising applications.

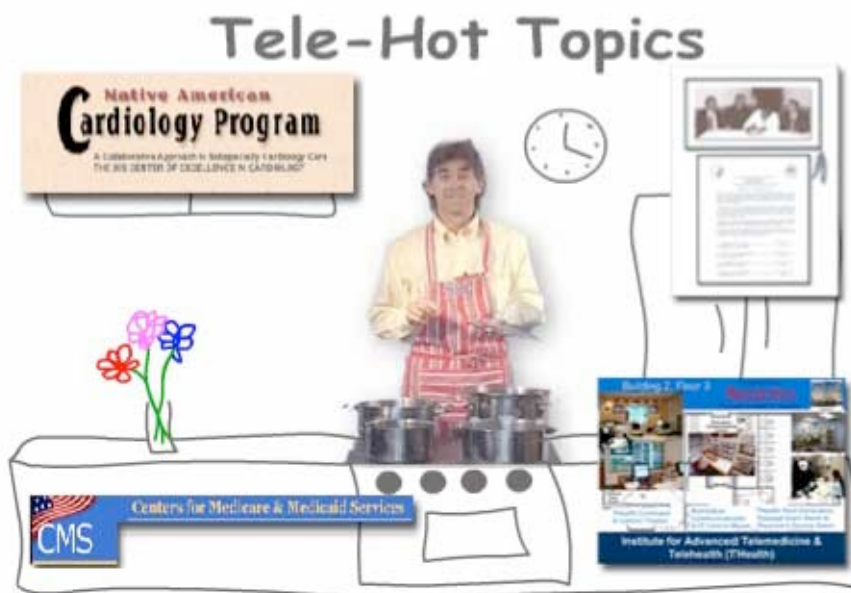
3. Opportunities for collaboration

Regional, even national, specialist resources can be used more efficiently via telehealth centers of excellence. Access to care can be improved. Variations in specialist care recommendations can be decreased. Collaborations within Indian health - and with other telehealth partners, such as the VA - offer opportunities for cost efficient system enhancements.

Tele-retinal Screening

Care for patients with diabetes is improved by timely tele-retinal screening. Contact Dr. Mark Horton, 602-263-1200, for more information about the IHS JVN Program.





Quarterly "Vidcast" Highlights Hot Topics

Video broadcasts, or "vidcasts", may fast become an effective means for communicating updates in telemedicine and health care. Vidcasts are short multimedia video segments that can be viewed on-line, embedded in newsletters and other computer documents, or downloaded at a viewer's convenience for review on a computer or video-enabled handheld device.

The Telehealth program webpage will feature brief vidcasts on different topics of interest. One routine vidcast - Tele-Hot Topics - will focus attention on key news in each of the 4 program strategic directions. Another will highlight telehealth activities underway in different IHS Areas and Tribal facilities.

The fall Hot Topic vidcast directs viewers to information on emerging uses of tele-cardiology, regional collaborations for telehealth program implementation, and recent developments in telehealth reimbursement policy and opportunity.

Vidcasting is yet another tool available for creative professional training and patient education. Watch for examples of vidcasting and multimedia in future training materials, as they are developed and released.

IHS Southwest Telehealth Consortium

The Area Directors, Chief Medical Officers, and others from the Albuquerque, Navajo, Phoenix, and Tucson Areas meet quarterly to discuss regional opportunities and strategic directions for telehealth collaboration. In May, 2005, the 4 Area Directors signed a Memorandum of Understanding (MOU) to guide such collaboration (see adjacent photo).

Key collaboration areas identified during the August strategic planning session include: a) telecardiology, youth telemental health, and home telehealth service implementation; b) network enhancements and information technology standards planning; c) active participation in *Pathways into Health*; d) collaboration with other organizations engaged in telehealth - i.e. the Alaska Federal Health Care Access Network, the Advanced Institute for Telemedicine and Telehealth, and VISN 18 of the Veterans Health Administration; and e) business modeling, for cost analyses of clinical innovation focus areas.

A toolkit will be developed for meeting with state Medicaid programs on reimbursement for telehealth services. Special emphasis will be placed on a structured and tiered approach to telehealth reimbursement, building off successful reimbursement policy change in Arizona for tele-retinal screening through the IHS Joslin Vision Network.

"CMS Spotlight"

Developments in reimbursement policy

1. Home telehealth demonstration
CMS recently announced the "Care Management for High Cost Beneficiaries" demonstration. This project supports 6 organizations nationally in their efforts to better coordinate care for Medicare beneficiaries with complex illnesses and medical conditions. A variety of methods - including home telemonitoring, home visits, and preventive care tracking reminders - will emphasize customized approaches to care coordination to meet individual patient needs.

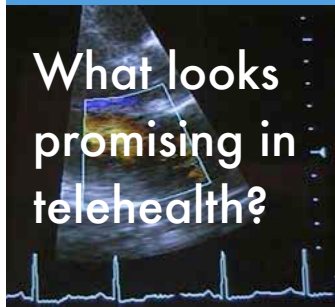
<http://www.cms.hhs.gov/media/press/release.asp?Counter=1499>

2. Expanded physician payment schedule for telemedicine

CMS has proposed changes to the 2006 physician payment schedule that would add individual medical nutrition therapy services to the list of eligible telehealth services. The "Medicare Telehealth Enhancement Act of 2005, proposed by Sen. Conrad Burns of Montana, also calls for the expansion of Medicare telehealth service for nursing homes, dialysis centers, and community-based mental health centers, and the inclusion of physical and occupational therapists/others as eligible telehealth service providers.

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1515>





Pediatric Specialty
Care

Home Telehealth for
Chronic Illness Care

Project Echo:
Hepatitis C Care

Electronic Intensive
Care Unit

Child Abuse
Consultation

Simulation Training

Perinatology
Consultation

Tele-trauma
Consultation

Rehabilitative
Consultation

Telehealth to Watch

Pathways into Health

Pathways into Health is a multi-organization collaborative focused on improving the opportunities and involvement of American Indian and Alaskan Native students in the health professions.

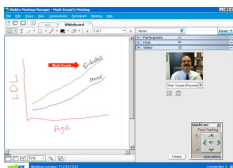


Interprofessional training, distance learning, and cultural integration are key project components. Students are enrolling this fall in a program of study for advanced medical technician degrees.

For more information, please contact:
Jim Galloway; 602-263-1200, ext 1217;
jgalloway@umcaz.edu

Tele-Public Health

Imagine receiving real-time assistance, via the internet, from an epidemiologist for questions concerning health program evaluations, epidemiology software, and related



issues.

This project brings the epidemiologist to your office, via a web-based meeting platform and computer-based videoconferencing.

Please contact Dr. Mark Veazie, 928-214-3920, for more information.

H.E.A.R.T.

Health Enhancement for American Indians/Alaska Natives through Residential Telemedicine is a home telehealth program

for patients with congestive heart failure. Directed by the Native American Cardiology Program, H.E.A.R.T. uses home telemonitoring tools in a care coordination model to help patients avoid unnecessary hospitalizations and emergency room visits.

For more information, please contact:
Edie Pacheco RN, 928-214-3920;
nacardiology@aol.com

Tele-Pharmacy

The Aberdeen Area IHS is developing a tele-pharmacy program for the Pine Ridge Service Unit. This program will include direct pharmacist oversight of medication distribution, as well as patient counseling by pharmacists on medication use and side effects - all via telemedicine.

The program will help address critical pharmacist staff shortages in remote locations, while enhancing timely and safe patient receipt of prescribed medications.

For more information, please contact:
Mike Forman, Area Pharmacy Chief, Aberdeen Area Office, 605-226-7212;
mike.forman@ihs.gov

AIDS/HIV Tele-Consultation

A new initiative is underway to develop an AIDS/HIV telemedicine support network for Indian health care. With support from the Minority Affairs Initiative, this project will expand the quality and availability of HIV/AIDS training and clinical consultation capability for healthcare professionals in direct IHS, Tribal, and Urban settings.

Please contact Dr. Charlton Wilson, 602-263-1200, for more information.

Announcements:

December ATA meeting

The annual American Telemedicine Association Industry Briefing is scheduled for December 5-6 in the Washington DC Marriott Metro Center.



This year's briefing includes a day meeting on home telehealth and remote monitoring.

<http://www.americantelemed.org>

"Link" of the month

Visit www.afhcan.org for information about the history, activities, awards, and plans of the Alaska Federal Health Care Access Network.

Information to post?

Do you have an update on telehealth from your facility, region, or IHS Area? Please send your updates, comments, or descriptions of telehealth experience so they may be included in later newsletters.

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